# **FORM**

UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549

FORM DS NOTICE OF SALE OF SECURITIES (14

PURSUANT TO REGULATION D,

RECEIVED

OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response.....16.00

| SEC USE ONLY  |        |  |  |  |  |  |
|---------------|--------|--|--|--|--|--|
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SECTION 4(6), AND OR UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change Name of Flooring Zone, Inc. Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6) ULOE New Filing Amendment Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) The Flooring Zone, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 3219 Glynn Avenue, Brunswick, GA, 31520 (912) 264-050<u>5</u> Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Commercial and Retail Flooring Sales Type of Business Organization corporation limited partnership, already formed other (please specify): X MAY 0 7 2004 business trust limited partnership, to be formed Month Year THOMSON FINANCIAL Actual or Estimated Date of Incorporation or Organization: [D] [D] Actual F Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. X Promoter ■ Beneficial Owner X Executive Officer General and/or Check Box(es) that Apply: Managing Partner Lee, Jimmy Full Name (Last name first, if individual) 3219 Glynn Avenue, Brunswick, GA 31520 Business or Residence Address (Number and Street, City, State, Zip Code) X Executive Officer X Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Mike Carroll Full Name (Last name first, if individual) 3219 Glynn AVenue, Brunswick, GA 31520 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Boneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|      |                       |                                |   |                          | B. 17                      | (FORMATI                      | ON ABOU                                 | r offeri                   | <b>v</b> G                            |              |   |             |          |
|------|-----------------------|--------------------------------|---|--------------------------|----------------------------|-------------------------------|---|----------------------------|---------------------------------------|--------------|---|-------------|----------|
| 1.   | Has the               | issuer sold                    | , or does th  | e issuer in              | ntend to sel               | l, to non-a                   | ecredited in                            | vestors in                 | this offeri                           | ng?          |   | Yes<br>XXX  | No       |
|      |                       |                                |   |                          |                            | Appendix.                     |   |                            |                                       |              | •                                       | _           |          |
| 2.   | What is               | the minim                      | um investm  | ent that w               | ill be acce                | pted from a                   | ny individ                              | ual?                       |                                       |              |   | \$ <u>n</u> |          |
| 3.   | Does the              | e offering p                   | oermit joint  | ownershi                 | p of a sing                | le unit?                      | **********                              |                            |                                       |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes         | No<br>X  |
| . 4. | Enter th              | e informati                    | ion requeste  | ed for each              | h person w                 | ho has bee                    | n or will b                             | e paid or g                | given, dire                           | etly or indi | irectly, any                            |             |          |
|      | If a person or states | on to be list<br>, list the na | lar remuner<br>ted is an asso<br>me of the br<br>you may se | ociated pe<br>oker or de | rson or age<br>aler. If mo | nt of a brok<br>ere than five | er or dealer<br>(5) person              | registered<br>s to be list | l with the S<br>ed are asso           | EC and/or    | with a state                            |             |          |
| Full |                       |                                | first, if indi-   |                          |                            | n/a                           |   |                            |                                       |              |   |             |          |
| Bus  | iness or l            | Residence .                    | Address (Ni   | umber and                | l Street, Ci               | ty, State, Z                  | ip Code)                                | <del></del>                |                                       |              |   |             |          |
| Nan  | ne of Ass             | ociated Br                     | oker or Dea   | ler                      |                            |                               |   |                            | · · · · · · · · · · · · · · · · · · · | <del></del>  |   |             |          |
| Ctnt | an in Wh              | inh Darson                     | Listed Has  | Calinitad                | ar Intande                 | to Soligit I                  | Durchavaro                              |                            |                                       |              |   |             |          |
| Stat |                       |                                | " or check i  |                          |                            |                               |   |                            |                                       |              |   | ☐ A11       | States   |
|      | AL                    | AK                             | AZ  | AR                       | CA                         | CO                            | CT                                      | DE                         | DC                                    | FL           | GA                                      | ΉΠ          | [ID]     |
|      |                       | IN                             | IA  | KS                       | KY                         | LA                            | ME                                      | MD                         | MA                                    | MI           | MN                                      | MS          | MO       |
|      | MT RI                 | NE SC                          | NV<br>SD  | NH<br>TN                 | NJ<br>TX                   | NM<br>UT                      | NY<br>VT                                | NC<br>VA                   | ND<br>WA                              | OH<br>WV     | OK<br>W1                                | OR<br>WY    | PA       |
| 1211 |                       |                                | first, if indi  |                          |                            |                               |   |                            |                                       |              | · <del></del>                           |             |          |
| ·    | i Name (1             | Last hame i                    | ilist. II mai   | viduai <i>j</i>          |                            |                               |   |                            |                                       |              |   |             |          |
| Bus  | iness or              | Residence                      | Address (N  | umber an                 | d Street, C                | ity. State, 2                 | Zip Code)                               |                            |                                       |              |   |             |          |
| Nan  | ne of Ass             | ociated Br                     | oker or Dea   | ler                      |                            |                               |   |                            |                                       |              |   |             | 1        |
| Stat | es in Wh              | ich Person                     | Listed Has  | Solicited                | or Intends                 | to Solicit l                  | Purchasers                              |                            |                                       |              | <del></del>                             |             |          |
|      | (Check                | "All States                    | " or check i  | ndividual                | States)                    |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                            | •••••                                 |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | All         | States   |
|      | AL                    | AK                             | AZ  | AR                       | CA                         | CO                            | CT                                      | DE                         | DC                                    | FL           | GA                                      | HI          | ID       |
|      | IL<br>MT              | IN<br>NE                       | IA<br>NV  | KS<br>NH                 | KY<br>NJ                   | LA<br>NM                      | ME<br>NY                                | MD<br>NC                   | MA<br>ND                              | MI<br>OH     | MN<br>OK                                | MS<br>OR    | MO<br>PA |
|      | RI                    | SC                             | SD  | TN                       | TX                         | UT                            | VT                                      | VA                         | WA                                    | WV           | WI                                      | WY          | PR       |
| Full | Name (I               | Last name i                    | first, if indi  | vidual)                  | <del></del>                |                               |   |                            |                                       |              |   |             |          |
| Bus  | iness or              | Residence                      | Address (N  | umber an                 | d Street, C                | ity, State, 2                 | Zip Code)                               | <u></u>                    |                                       |              |   |             |          |
| Nan  | ne of Ass             | ociated Br                     | oker or Dea   | ler                      |                            |                               | i .                                     | ******                     |                                       |              |   |             |          |
|      |                       |                                |   |                          |                            | 4. Callaia                    | D                                       |                            |                                       |              |   |             |          |
| atal |                       |                                | Listed Has<br>" or check i                                  |                          |                            |                               |   |                            |                                       |              |   | All         | l States |
|      | AL                    | [AK]                           | ΑZ  | AR                       | CA                         | CO                            | CT                                      | DE                         | DC                                    | FL           | ĞΑ                                      |             | (ID)     |
|      | IL                    | IN                             | IA  | KS                       | KY                         | LA                            | ME                                      | MD                         | MA                                    | MI           | MN                                      | MS          | MO       |
|      | MT<br>RI              | NE<br>SC                       | NV<br>SD  | NH<br>TN                 | NJ<br>TX                   | NM<br>UT                      | NY<br>VT                                | NC<br>VA                   | ND<br>WA                              | OH<br>WV     | OK<br>WI                                | OR<br>WY    | PA<br>PR |
|      | لنت                   | <u> </u>                       |   |                          | لشتن                       | للثن                          |   | لتنت                       |                                       |              | 1111                                    | لثننا       | لننت     |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  | Aggregati           | :                       | Am            | ount Already                            |
|----|--|---------------------|-------------------------|---------------|---|
|    | Type of Security   | Offering Pr         | ice                     |               | Sold                                    |
|    | Debt   | \$ <u>-0-</u>       |                         | \$            | -0-                                     |
|    | Equity   | \$ 250,00           | 0                       | \$ <u>2</u>   | 37,750                                  |
|    | ☐ Common ☐ Preferred   |                     |                         |               |   |
|    | Convertible Securities (including warrants)  | \$ <u>-0-</u>       |                         | \$            | -0-                                     |
|    | Partnership Interests  |                     |                         | \$            | -0-                                     |
|    | Other (Specify)  | s <u>-0-</u>        |                         | \$            | -0-                                     |
|    | Total  | \$ <u>250,000</u>   | )                       | \$ <u>2</u>   | 37,750                                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                     |                         |               |   |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                     |                         |               |   |
|    |  | Number<br>Investors |                         | Do            | Aggregate<br>llar Amount<br>f Purchases |
|    | Accredited Investors   | 21                  |                         | <b>\$_</b>    | 219 125                                 |
|    | Non-accredited Investors   | /3_                 |                         | \$            | 18625.                                  |
|    | Total (for filings under Rule 504 only)  | 34                  |                         | <b>\$_</b>    | 232 250                                 |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                     |                         |               | ·                                       |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                     |                         |               | ;                                       |
|    | Type of Offering   | Type of<br>Security |                         | Do            | ollar Amount<br>Sold                    |
|    | Rule 505   |                     |                         | \$            |   |
|    | Regulation A   |                     | <u></u>                 | \$_           |   |
|    | Rule 504Restricted   | Common              |                         | \$ <u>_2</u>  | 37,750                                  |
|    | Total  | Common              |                         | <u>\$_2</u>   | 37,750                                  |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     |                         |               |   |
|    | Transfer Agent's Fees  |                     |                         | \$            | -0-                                     |
|    | Printing and Engraving Costs   |                     | $\Box$                  | \$ <u>_</u> 2 | ,000                                    |
|    | Legal Fees   |                     |                         |               | ,000                                    |
|    | Accounting Fees  |                     |                         | \$ <u>3</u>   | ,000                                    |
|    | Engineering Fees   |                     | $\mathbf{k}$            | \$            | -0-                                     |
|    | Sales Commissions (specify finders' fees separately)   |                     | $\overline{\mathbb{P}}$ |               | -0-                                     |
|    | ·  |                     | 7                       |               |   |
|    | Other Expenses (identify)  |                     |                         | \$            |   |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|               | b. Enter the difference between the aggregate and total expenses furnished in response to Part of proceeds to the issuer."   | C — Question 4.a. This difference is the "a   | djusted gross  | \$ 222,750°      |  |  |
|---------------|--|---|--|------------------|--|--|
| 5.            | Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The top proceeds to the issuer set forth in response to | or any purpose is not known, furnish an e<br>tal of the payments listed must equal the ad | estimate and   |                  |  |  |
|               |  |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates |                  |  |  |
|               | Salaries and fees  |   | 🗆 💲  | \$               |  |  |
|               | Purchase of real estate  |   |  | \$               |  |  |
|               | Purchase, rental or leasing and installation of  | machinery   |  |                  |  |  |
|               | and equipment  |   |  |                  |  |  |
|               | Construction or leasing of plant buildings and   |   | 🔲 💲  | 🗆 \$             |  |  |
|               | Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)  | assets or securities of another   | П.   | m ¢              |  |  |
|               | Repayment of indebtedness  | ·   | _  |                  |  |  |
|               | Repayment of indebtedness  |   |  | - LP             |  |  |
|               | Working capital  |   | [] \$  | _ K)             |  |  |
|               | Other (specify):   |   | [] \$  | [] \$            |  |  |
|               |  |   | <br>   | []\$             |  |  |
|               | Column Totals  |   |  | _ 🗓 : ২২২, ১১০ ° |  |  |
| Column Totals |  |   |  | X 5. 222, 250.00 |  |  |
|               |  | D. FEDERAL SIGNATURE  |  |                  |  |  |
| The<br>sign   | issuer has duly caused this notice to be signed by<br>pature constitutes an undertaking by the issuer to<br>information furnished by the issuer to any non-                                      | y the undersigned duly authorized person:<br>o furnish to the U.S. Securities and Excha   | If this notice is filed under nge Commission, upon wri |                  |  |  |
| Isst          | er (Print or Type)   | Signature //  | Date   |                  |  |  |
| ,             | The Flooring Zone, Inc.  |   | Septemb  | er 30, 2003      |  |  |
|               | ne of Signer (Print or Type)   | Title of Signer (Print of Type)   |  |                  |  |  |
| Nar           |  |   |  |                  |  |  |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)